

Military Medal/Records Request

Name of person item involves: _____

Is this person deceased? (Please check one) Yes____ No____

If yes, name of next of kin making request: _____

Address of person making request: _____

Date of birth of person item involves: _____

Telephone number of person making request(home):_____ (work)_____

Branch of Military Service: _____

Social Security Number or Service number: _____

Specific items being requested:

I further authorize Congressman Gil Gutknecht to act on my behalf, and to receive the information and items being requested, and related materials, from the proper officials.

Signed:_____ Date: _____

Please return to:
Congressman Gil Gutknecht
1530 Greenview Drive SW, Suite 108
Rochester, MN 55902
Phone:(507)252-9841
Phone:(800)862-8632
Fax: (507)252-9915

Note: The Privacy Act requires that you authorize access to your private records. Without your authorization, an inquiry on your behalf will not be possible. Also, if you want information from your file provided to anyone else, you must authorize this by signing the second space provided.

Further, I authorize all information regarding this request be provided

To: _____

Signed: _____ Date: _____